

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10824

63-041794

STATE FILE NUMBER

NOV 7 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MISSOURI</i>		c. CITY OR TOWN <i>Bel Ridge</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i>		d. STREET ADDRESS (If outside, give location) <i>3125 Maybelle Drive</i>	
3. NAME OF DECEASED (Type or print) First <i>George</i> Middle <i>H</i> Last <i>Mayers</i>		4. DATE OF DEATH Month <i>October</i> Day <i>29</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3/12/02</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>McNIGHT</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Wagner Electric Co</i>	
11. BIRTHPLACE (City and state or country) <i>Philadelphia Pa</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>unknown</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>Olga Mayers</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Mrs Olga Mayers 3125 Maybelle Drive</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic lymphocytic leukemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 years</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>204.0</i>	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>11:30</i> a.m. <i>p.m.</i> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <i>St. Louis Co.</i> STATE <i>Missouri</i>	
21. I attended the deceased from <i>6/7/57</i> to <i>10/29/63</i> and last saw him alive on <i>10/29/63</i> Death occurred at <i>11:30 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>E. D. Vannellian, M.D.</i> (Degree or title)	
22b. ADDRESS <i>BARNES HOSPITAL</i>		22c. DATE SIGNED <i>10/30/63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Nov 2, 1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Missouri</i>
24. FUNERAL DIRECTOR <i>Shepard Funeral Chapel 9255 Nat Bridge Rd</i>	25. DATE RECD. BY LOCAL REG. <i>OCT 31 1963</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>	

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_

**Signed**

Licensed Embalmer No. 7339

P. O. Address Carleton Place, Ont.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.